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Dr.   
 N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.   
 MARGIN RESERVED FOR BINDING

**STANDARD CERTIFICATE OF DEATH**      **Arizona State Board of Health**      **BUREAU OF VITAL STATISTICS**

1. PLACE OF DEATH  
 County Gila State ARIZONA State File No. 65  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 71  
 City Globe No. North Hill - Robinson Apts. St. \_\_\_\_\_ or Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. 7 mos. 23 ds. How long in U. S. if of foreign birth \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME Sylvia Polson How long in State when death occurred \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. North Hill Robinson Apts. St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <b>Infant</b>		21. DATE OF DEATH (month, day, and year) <b>July 9, 1934</b>	22. I HEREBY CERTIFY, That I attended deceased from <u>July 9, 1934</u> to <u>July 9, 1934</u> I last saw her alive on <u>July 9, 1934</u> ; death is said to have occurred on the date stated above, at <u>4:00 A.M.</u> The principal cause of death and related causes of importance were as follows: <b>Acute Gastroenteritis</b>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year) <b>11-16-1933</b>	7. AGE Years _____ Months <b>7</b> Days <b>23</b> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Infant</b>	
12. BIRTHPLACE (city or town) (state or country) <b>Phoenix, Arizona.</b>		13. NAME <b>?</b>		14. BIRTHPLACE (city or town) (State or country) <b>?</b>	
15. MAIDEN NAME <b>Lillie Polson</b>		16. BIRTHPLACE (city or town) (State or country) <b>Wyoming</b>		17. INFORMANT <b>Lillie Polson</b> (Address) <b>Globe, Arizona.</b>	
18. BURIAL, CREMATION, OR REMOVAL Place <b>Globe Cemetery</b> Date <b>7/9/34</b> , 19____		19. UNDERTAKER <b>Fred H. Jones</b> (Address) <b>Globe, Arizona.</b>		20. <b>July 18, 1934</b> <b>Anson B. Jones</b> Registrar	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. _____				24. Was disease or injury in any way related to occupation of deceased? _____	
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____				Manner of injury _____ Nature of injury _____	
If so, specify _____ (Signed) <b>Asyuter</b> _____ (Address) <b>Globe, Ar</b>				Date of Onset _____	

20M 4-19-33 MS 48294 Form 3

Back of Certificate to be used for any Additional Information